STATE OF INDIANA

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

APPLICATION FOR MARRIAGE LICENSE FLOYD COUNTY

Book 101
Page 176
Date of Application

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 Na Yes I If No, Medical Examination or Report Dated Name of Physician

IC 31-11-4-4 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Sangy G. Kemp
D8 ID GL	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. Sity County 41 Sea C	Residence Address Street or R.R. City County 1/State
1765 FITCH Dr. George with In	Residence Address Street or R.R. City County 4 States
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divort Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
Dr. veis License	Driveis License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? Nes Yes
If answer is "yes", has the adjudication been removed? No Yes	If answer is "yes", has the adjudication been removed?
 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? No Yes \(\sigma\) Yes \(\sigma\) 	2. Are you related to the male applicant closer than second cousin?
4. Are you now under the influence of a narcotic drug?	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? Yes Yes
5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Yes
Zachany Claper	
Brittery Claser	
6. (a) Full name of applicant's father	6. (a) Full name of applicant's father Hellie Carter
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother	Birthplace of father (State or foreign country)
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACVNOWLEDGEMENT	
ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that	ACKNOWLEDGEMENT
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome	immune deficiency syndrome).
Signature of Applicant Date 7-8-00	Signature of Applican Date 4-6-00
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court
State of Indiana) I swear/affirm that the information given	State of Indiana) swear/affirm that the information given
County of Floyd Signed I swear/affirm that the information given in this application is true and correct.	County of Floyd Signed Signed Signed County of Floyd Signed
New Address	New Address
New Address Sepscribed and sworn to before the this	Subsectibed and sworn to before me this day of
Citch of the Floyd Circuit Court	Clerk of the Floyd Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana
County of Floyd)	County of Floyd)
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of	Mother ID #
Clerk	Subscribed and sworn to before me this day of Clerk
COMPLETE IE MARRIAGE LIGENGE VOCUME	
COUNTY COUNTY	A marriage license having been refused to the above named parties, the
and filed inauthor	Court, by written order issued Court, by written order issued rizes and directs the issuance of a marriage license to the above named parties.
, autiloi	and directs the issuance of a marriage needs to the above named parties.
RETURN OF MARRIAGE LICENSE	
certify that there was filed in my office a marriage license issued by the Clerk	of the Circuit Court of Floyd County, Indiana, dated July 6,2000
, authorizing the marriage of Steven T. Cla	pper and Sandy G. Kemp
certify that on Outly 13,2000 (date) at New	Michael L. Bennett, SR (name), Albany Floyd
County, Indiana, Steven T. Clapper of Floyer	d County Indiana
state), and Sandy G. Kemp of Floyd	County, Indiana (state)
were married by me as authorized under a marriage license that was iss	sued by the Clerk of the Circuit Court of Floyd County, Indiana, dated
bly 6,2000 Signed by: Michael L. Bennett, SR	Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	July 20,2000 (date).